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|--|---|--|---|-------------------------------------|--|-----------|
| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216505785 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Sandy Spring Bank</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/29/2016</p> <p>SCC ID NO: F1656638</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 5,000,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 5,000,000 | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 17801 GEORGIA AVE</p> <p style="text-align: center;">CITY/ST/ZIP: OLNEY, MD 20832</p> | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL J SCHRIDER TITLE: PRES/DIR/CEO ADDRESS: 17801 GEORGIA AVE CITY/ST/ZIP/CO: OLNEY, MD 20832 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DANIEL J SCHRIDER TITLE: PRES/DIR/CEO ADDRESS: 17801 GEORGIA AVE CITY/ST/ZIP/CO: OLNEY, MD 20832 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
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| | | | |
|--|----------------------------------|----------------------------------|--|
| NAME: | RALPH F BOYD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | MARK E FRIIS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | SUSAN D GOFF | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | ROBERT E. HENEL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | PAMELA A LITTLE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | GARY NAKAMOTO | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | ROBERT L ORNDORFF | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | CRAIG A RUPPERT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | DENNIS A STARLIPER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| NAME: | MEI XU | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 17801 GEORGIA AVENUE | | |
| CITY/ST/ZIP/CO: | OLNEY, MD 20832 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ RONALD E KUYKENDALL | RONALD E KUYKENDALL, GS/SEC | 2/16/2016 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |